

# STATEWIDE PROGRAM STANDING COMMITTEE FOR ADULT MENTAL HEALTH

September 10, 2007

## Notes

**MEMBERS PRESENT:** Lise Ewald, Kitty Gallagher, George Karabakakis, Clare Munat, Marty Roberts, and Jim Walsh

**DMH STAFF:** Michael Hartman, Tommie Murray, Melinda Murtaugh, Frank Reed, Terry Rowe, and Suzanne Santarcangelo

**OTHERS:** Anne Donahue

Clare Munat facilitated today's meeting. After introductions, the Standing Committee members unanimously approved the June 11 notes as amended. They unanimously approved the July 30 notes as presented.

### **Abbreviated Report on the Vermont State Hospital: Terry Rowe**

**July 30 Meeting.** Terry began with a candid admission that the July 30 meeting was very uncomfortable for her personally because she was made to feel that she was held in some degree of contempt then. We are all human, she said, and it is just not possible for people not to make mistakes.

Kitty Gallagher apologized if she had anything to do with the way Terry felt at the meeting in July. Kitty elaborated on her objections to the movement toward a no-smoking policy at VSH. Terry explained the current policy, which still allows smoking.

**Modification of Levels-of-Observation Policy.** The Vermont State Hospital's (VSH) Policy Committee modified this policy as a result of a root-cause analysis of a recent incident at the State Hospital. It is considered an interim policy at present. The policy will be further revised to include consideration of a patient's history of trauma and presented to the VSH Governing Body next week. Terry will see that the Standing Committee receives copies of the revision. She asked that members of the Standing Committee e-mail her directly with their comments and questions: [trowe@vdh.state.vt.us](mailto:trowe@vdh.state.vt.us).

Clare wondered about the language on page 3 in regard to constant observation. Terry changed Section C to read: "When a patient exhibits a change in behavior that may indicate an increased risk of harm to self or others, a Registered Nurse shall [instead of may] assess a patient's status and may [the word "may" was added] place him or her on constant observation I or II or close supervision."

### **Sustainability Study: Suzanne Santarcangelo**

A study of Vermont's community provider system was done in 2003, Suzanne began. It looked at costs and outcomes, and compared Vermont's public mental-health system with systems in other states. It was noted then that Vermont had good outcomes and was a leader in the nation

for community-based services. It was also suggested, however, that high staff turnover rates and a growing gap between resources and needs were problematic. The study resulted in a three-year commitment from the legislature to sustained budget increases of 7.5 percent (combined operating and caseload funds) for community providers. Fiscal Year 2008 is the third year of that commitment.

The second study takes account of trends in the workforce, demographics (Vermont is an aging state), and state and federal resources to make an assessment and recommendations for the sustainability of the system over the next five years. An advisory board of consumers, providers, and state staff has overseen this study. The Agency of Human Services is awaiting the final report, forthcoming next week (that is, the week of September 17). Preliminary recommendations from the Pacific Health Policy Group include:

- ✧ Taking time to plan holistically and construct a model based on reasonable expectations of the system, delivery of services, and available resources. This approach is especially important in light of the recent restructuring of the Agency of Human Services (AHS) and Vermont's Global Commitment to Health, now about to enter its third year.
- ✧ Breaking down the funding silos that exist and looking at global budgets for agencies or by communities.
- ✧ Reducing paperwork requirements of designated agencies (DAs) and specialized services agencies (SSAs). A paperwork reduction of 1 percent has potential for liberating \$1.25 million for services (current estimates place the amount of staff time devoted to paperwork at 40 percent; it should be noted that not everyone agrees that the dollar amount is correct since many staff do paperwork after work or at home).
- ✧ Implementing recruitment and retention incentives to reduce high staff turnover
- ✧ Finding ways to reduce operating expenses, such as liability and health-care insurance by pooling resources among DAs or with the state)

The advisory board will meet once more to make recommendations to the AHS Secretary relative to what should be in the five-year strategic plan. AHS will work with community agencies and the legislature to move forward on the plan.

In the discussion that followed Suzanne's presentation, Kitty Gallagher suggested cutting back on administrative costs at community agencies. Michael Hartman replied that Vermont's administrative costs are already fairly low, in the 8-10 percent range. George Karabakakis remarked that anything to reduce paperwork would be an improvement. Non-silo funding also has much promise. Clare Munat talked about the possibility of doing better with the crossover between Mental Health and Corrections. George seconded the idea of achieving cost efficiencies in Corrections by investing in Mental Health. Clare promoted the use of mental-health courts to divert individuals from jail. Jim Walsh commented on the increasing prominence of evidence-based practices in mental-health care.

### **Departmental Updates: Michael Hartman**

**Mental Health Transformation Council.** The purpose of Vermont's new Transformation Council is to discuss how changes are taking place under the Futures Project, Michael said. He would like to have a representative from the Adult Standing Committee on the Transformation

Council in addition to other broad stakeholder representation from among consumers and families, the Vermont State Hospital (VSH), providers, and members of the public not associated with a state entity. Likely issues for discussion include the time between an involuntary commitment to an order for psychiatric medication for individuals (currently the time frame in Vermont is much longer in comparison with other states, such as Pennsylvania) and how to deal with inpatients at VSH who do not really need that level of care but do not want to go back to the community.

**Department of Justice (DOJ) Report.** The DOJ report came out about a month ago, Michael said. It is posted on the Department of Mental Health's website: [healthvermont.gov/mh](http://healthvermont.gov/mh). The overriding impression given by the report is that Vermont is on track in making changes at VSH. Big improvements have been made in the formulation of policies, which need the follow-through of implementation. Substantial changes are yet to come in the hospital's Psychology Department and the creation of behavioral-oriented treatment plans. Rehabilitation services now have more psychosocial and therapeutic components than in the past. A new data system will monitor falls and other adverse events that affect quality. Vermont's agreement with the Department of Justice extends through 2010.

**Second Spring and Orders of Nonhospitalization.** Although current Vermont law would permit using sheriff's transport to move someone involuntarily from VSH to Second Spring, sentiment is overwhelmingly against such a move, Michael reported. Second Spring is perceived as an entirely voluntary program, he added.

Approximately twenty-five inpatients at VSH now do not need acute care at the State Hospital, Michael continued, but they do need a level of care that does not exist in the community. The question at the heart of this issue and the system's direction in the future is how to move away from the multi-purpose State Hospital as it now exists.

Lise Ewald asked how to persuade a person who does not want to leave the hospital to leave it. Michael mentioned having options available or making specialized arrangements for discharge. He talked about the problem of dependency, making people want to stay in the hospital when they do not need to be there.

Kitty said that she liked Michael's emphasis on collaboration with clients. VSH is not the only hospital in the state, she added, and it ought to be possible to make more use of other designated hospitals. Michael questioned the ethics of keeping someone in the hospital who does not need that level of care when someone in a psychiatric crisis does need such intensive inpatient services. Clare Munat posed the basic question: Does a person have a right to stay in the State Hospital? She asked Jim Walsh what happens at the Windham Center. Everyone wants to leave, he answered.

**Changes in Medicaid Regulations for Reimbursement for Mental-Health Services.** The Center for Medicare and Medicaid Services is introducing several changes in the Medicaid regulations for reimbursements for mental-health services for both adults and children. Some of the changes involve specialized rehabilitation services and payments to hospitals. DMH is closely tracking developments.

## **Public Comment**

Representative Anne Donahue offered comments on the following subjects:

- ◆ The Sustainability Study
- ◆ The Standing Committee's review of VSH policies and role in designation of hospitals
- ◆ Interpretations of several statutes
- ◆ VSH research policy

## **Transformation Council**

Kitty volunteered to be the Standing Committee's representative on the Transformation Council.

## **Levels-of-Observation Policy: Discussion**

The Standing Committee discussed the revised policy and unanimously adopted the following statement:

The Statewide Program Standing Committee supports the incorporation of trauma-informed language into the levels-of-observation policy. The Standing Committee is also interested in the research policy referenced in today's public comments.

## **Membership Report**

The Standing Committee still has two vacancies. Jim talked recently to Sandi Knight, who has withdrawn her candidacy. There is the possibility of tapping into the Vermont Integrated Services Initiative. Frank will look into this.

## **More Department Updates: Frank Reed**

**Proposed Changes in Specialized Rehabilitation Services.** Frank elaborated somewhat on the difficulties attendant upon the change in Medicaid regulations for reimbursement of specialized rehabilitation services if fully implemented as written in the proposed changes issued by the Centers for Medicare and Medicaid Services (CMS).

**Mental-Health Oversight Committee.** The Committee meets tomorrow (that is, Tuesday, September 11), from 9:00 a.m. until 3:00 p.m. Much of the meeting will concentrate on mental health and the Corrections population.

**Chief Justice's Task Force.** The task force focuses on how to get mental-health information into courts to inform decisions of the Vermont judiciary. DMH, the Department of Corrections (DOC), and legal advocacy organizations are included. Part of last month's work involved identifying gaps between what courts are getting and what they need.

**Program Reviews.** The Adult Mental Health Unit is conducting program reviews this month in connection with agency re-designation at HowardCenter in Burlington and United Counseling Services in Bennington. Clare Munat will be the Standing Committee representative at HowardCenter (UCS), and Lise Ewald will accompany the review team to UCS.

**New Grievance and Appeals Processes.** The Adult Unit is revising handbooks to bring them up to date with new processes under Vermont's Global Commitment to Health.

**Protocols for Referrals to Corrections.** DMH and DOC are working on these protocols; they are hoping to devise methods for communication and better continuity of mental-health treatment services that will not violate clients' privacy.

**Request for Proposals (RFPs) for Additional Crisis Beds.** DMH has received four or five replies so far to its RFP for additional crisis beds under the Vermont Futures Project. The next step will be reviewing proposals for completeness.

**Electroconvulsive Therapy (ECT).** The Central Vermont Medical Center (CVMC) is requesting designation for administering ECT. A site visit to evaluate CVMC's readiness for this service will be scheduled.

**Quality Management Director.** Seven candidates have applied; two strong candidates are emerging, but no decision has been made as yet. The Standing Committee members were queried regarding their participation in meetings with candidates and deferred their involvement in this process.

#### **Announcements: Marty Roberts**

**Recovery Celebration.** A Recovery celebration will be held on Tuesday, September 18, at the Health Department Building at 108 Cherry Street in Burlington. Mary Ellen Copeland will be among the speakers. In addition, the celebration will feature music, food, and special projects. Please let Vermont Psychiatric Survivors know if you are attending.

**Annual Meeting of Local Standing Committees.** The Vermont Council for Developmental and Mental Health Services is planning the next annual meeting of local standing committees for Friday, November 9, at the Chamber of Commerce in Berlin. The meeting will be from 9:30 in the morning until 3:30 in the afternoon.

#### **Agenda Items for October 1**

- ◆ Introductions
- ◆ Review of agenda
- ◆ Approval of notes for September 10
- ◆ Central Vermont Medical Center
- ◆ Presentation on Adult Outpatients (trauma): Margaret Joyal
- ◆ VSH research policy
- ◆ System of Care Plan: Draft
- ◆ Commissioner/Deputy Commissioner
- ◆ Transformation Council (?)
- ◆ Report on Peer Support Work Group (Futures: Kitty Gallagher)

Other items for future agendas:

- ♦ VSH: Terry Rowe again (November meeting)
- ♦ Tasers/external force: Wendy Beinner and Cindy Taylor Patch